



July 22, 2009

Division of Water
Surface Water Permits Branch
Permit Support Section
200 Fair Oaks Lane
Frankfort, KY 40601

JUL 24 2009

Renewal of Permit # KY 0066931 Camp Pennyroyal

Dear Madam or Sir;

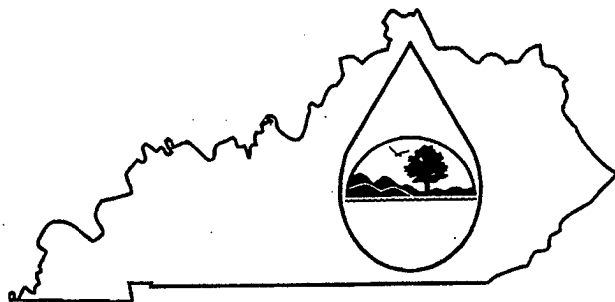
Enclosed are the completed forms and payment for the renewal of treatment plant permit # KY0066931 for Camp Pennyroyal at 3095 Girl Scout Road in Utica, KY 42376. Please feel free to contact me if you need any additional information.

Respectfully,

Jed Johnson
Facilities Manager
Girl Scouts of Kentuckiana

KPDES FORM 1

AZAH 9/15



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JUL 24 2009

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.
 Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:
 KPDES Branch (502) 564-3410

CK 100

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0066931
A. Name of business, municipality, company, etc. requesting permit Girl Scouts of Kentuckiana, Inc.			
B. Facility Name and Location		C. Facility Owner/Mailing Address	
Facility Location Name: Pennyroyal Girl Scout Camp		Owner Name: Girl Scouts of Kentuckiana, Inc.	
Facility Location Address (i.e. street, road, etc.): 3095 Girl Scout Road		Mailing Street: 2115 Lexington Road	
Facility Location City, State, Zip Code: Utica, KY 42376		Mailing City, State, Zip Code: Louisville, KY 40206	
		Telephone Number: 502-636-0900	

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Commercially operated recreational camp for girls.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description: 7032	Sporting & Recreational camp (Seasonal)		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Davies	City where facility is located (if applicable):
C. Body of water receiving discharge: UT to 1.60 of N. fork of Barnett Creek	
D. Facility Site Latitude (degrees, minutes, seconds): 37 35 54	Facility Site Longitude (degrees, minutes, seconds): 87 01 30
E. Method used to obtain latitude & longitude (see instructions): Topo Map	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Lisa Leonard

Telephone Number:

270-275-4139

Operator Mailing Address (Street):

3095 Girl Scout Road

Operator Mailing Address (City, State, Zip Code):

Utica, KY 42376

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY006931

Issue Date of Current Permit:

12/1/04

Expiration Date of Current Permit:

11/30/09

Number of Times Permit Reissued:

5

Date of Original Permit Issuance:

1/13/82

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

03007020

Kentucky DSMRE Permit Number(s):

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	N/A	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Facilities Manager
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Jed Johnson
DMR Mailing Street:	P0 Box 32335
DMR Mailing City, State, Zip Code:	Louisville, KY 40232-2335
DMR Official Telephone Number:	502-636-0900 ext.23500.

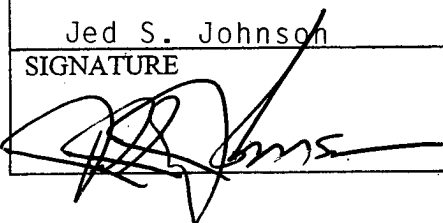
VII. APPLICATION FILING FEE

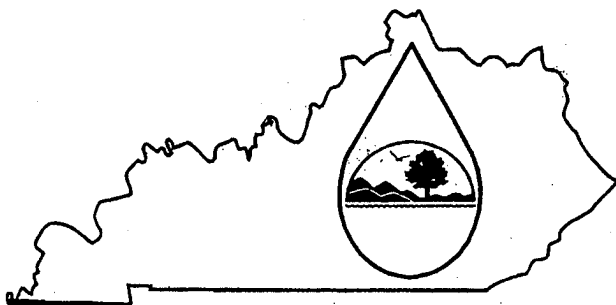
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: 501(c)3	Filing Fee Enclosed: \$100.00
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VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Jed S. Johnson	TELEPHONE NUMBER (area code and number): 502-636-0900
SIGNATURE 	DATE: 4/19/09



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JUL 24 2009

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Camp Pennyroyal Girl Scout Camp											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	0	6	4	9	3	1
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				7 Days a week							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): Designed to accommodate up to 250 persons- To include campers and staff.											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:						0.005 MGD					

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	35	34	87	01	05	Up to MP 1.60 of
							UT to N. Fork
							of Barnett Creek
	37	35	32	87	01	04	Shower water is
							diverted to lateral
							field.
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				TOPO MAP			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Wastewater treatment	5000GPD	Extended aeration	1-Um
	Plant			2-F,
				3-A
				4-A
			Sludge is pumped and	
			hauled to a local	
			larger P.O.T.W.	5-Q
			RWRA	

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☒ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☒ Surface injection (Check term and identify on map) ☒ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony		<input type="checkbox"/>	Copper		<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Arsenic	Not expected	<input type="checkbox"/>	Lead	Not Expected	<input type="checkbox"/>	Thallium	Not Expected
<input type="checkbox"/>	Beryllium	to be present	<input type="checkbox"/>	Mercury	to be present	<input type="checkbox"/>	Zinc	to be
<input type="checkbox"/>	Cadmium		<input type="checkbox"/>	Nickel		<input type="checkbox"/>		present
<input type="checkbox"/>	Chromium		<input type="checkbox"/>	Selenium		<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Pennyroyal Girl Scout Camp	Site Manger's Home (2)
TOTAL POPULATION SERVED	Seasonal maximum of 150 campers

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	.23	.23	1
TOTAL SUSPENDED SOLIDS	0.18	0.18	1
FECAL COLIFORM	10	10	1
TOTAL RESIDUAL CHLORINE	0.01	0.01	1
OIL AND GREASE	24	24	1
CHEMICAL OXYGEN DEMAND	7.0	7.0	1
TOTAL ORGANIC CARBON	Not tested		
AMMONIA	.07	.07	1
DISCHARGE FLOW	0.004	0.001	1
PH	6.9	6.9 min.	1
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)	22°C	22°C	1

B. Frequency and duration of flow:

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

TELEPHONE NUMBER (area code and number):

Jed S. Johnson Facilities Mgr.

(502) 636-0900

SIGNATURE

DATE

6/19/09.



JUN 12 2009



McCoy & McCoy Laboratories, Inc.
P.O. Box 907
Madisonville, KY 42431
(270) 821-7375
www.mccoyslabs.com

Paducah, KY
(270) 444-6547
Lexington, KY
(859) 299-7775

Louisville, KY
(502) 961-0001
Pikeville, KY
(606) 432-3104

t.tapp-bowles@mccoyslabs.com

Kentuckiana Girl Scout Council
Attn: Jed Johnson
Camp Pennyroyal
P O Box 32335
Louisville KY 40232-2335

Batch # 09052733
Received 05/29/2009
Reported 06/08/2009
Client KE3523
Page 1 of 1

ANALYSIS REPORT

AG72842 001 Effluent KY0066931 Collected: 05/29/2009 11:20

TEST DESCRIPTION	ANALYZED	BY	METHOD	RESULT	UNITS	REPORT
						LIMIT NOTE
pH (Field)	05/29/2009	DWD	EPA 150.1	6.87	STD	
Time of Analysis, pH (Field)	05/29/2009	DWD	EPA 150.1	1120	hr/min	
<u>Oil & Grease, Total Mdv</u>	06/04/2009	JCD	EPA 1664 A	2 U	mg/l	2
Dissolved Oxygen (field)	05/29/2009	DWD	EPA 360.1	7.0	mg/l	0.5
Time of Analysis, Dissolved Oxygen (fld)	05/29/2009	DWD	EPA 360.1	1120	hr/min	
Flow Reading (Client)	05/29/2009	DWD	n/a	NDP	MGD	
Tot. Suspended Solids Mdv	06/01/2009	DDP	SM 2540 D	21	mg/l	1
<u>Chlorine Residual Field</u>	05/29/2009	DWD	SM 4500 Cl G	0.01 U	mg/l	0.01
Time of Analysis, Residual Chlorine	05/29/2009	DWD	SM 4500 Cl G	1120	hr/min	
Ammonia as N by electrode Mdv	06/02/2009	DDP	SM 4500 NH3 F	8.2	mg/l	1
Carbonaceous BOD Mdv	05/29/2009	DDP	SM 5210 B	28	mg/l	2
Time of Analysis, CBOD Mdv	05/29/2009	DDP	SM 5210 B	14:30	hr/min	
Fecal Coliform, (MF)	05/29/2009	DRM	SM 9222 D*	10 U	#/100.mls	10
Time of Analysis, Fecal	05/29/2009	DRM	SM 9222 D*	1400	hr/min	

Qualifier Legend

U Non-detected at the reported detect limit

Submitted By:

Tammy Tapp-Bowles, Data Reviewer

The analyses reported above have been determined by protocols that meet or exceed the requirements of NELAC. Methods listed with an "*" are not part of this accreditation. Call Tammy Tapp-Bowles at 270-821-7375 for any questions concerning this analysis report.

McCoy & McCoy Laboratories, Inc.
P. O. Box 907
Madisonville, KY 42431
www.mccoylabs.com

SPECIAL ORDER

Chain of Custody

Lexington KY 270-299-7775
Paducah KY 270-444-6547
Madisonville KY 270-821-7375
Pikeville KY 606-432-3104

Generated by tammy

>>>> TO BE PICKED UP:

5/29/2009

Route: 14 Project: DMR

Collected by: Duo/Male/Cliff

Kentuckiana Girl Scout Council
Camp Pennyroyal
P O Box 32335
Louisville KY 40232-2335
Attn: Jed Johnson

Collection Date / Time: 5-29-09 - 1120

P. O. No: 6339

Phone/Fax: 270-636-0900

KE352304 Kentuckiana-Pennyroyal STP Eff KY0066931 001

Logbatch 09052733

Composite Sample

Start Date

5-28-09 - 0800

5-28-09 - 1200

5-28-09 - 200

Time

Sample Nos AG 72842

Stop Date

5-29-09

Time 1000

Field Data By: Duo/Male/Cliff

Date 5-29-09

Time 1120

Fecal Date

Time 1130

pH Meter#: 004

pH: 6.27

DO Meter#: 003

DO: 7.0

Temp: 22°

Cl: .003

Flow:

Matrix:

Collection Method	Test	Analysis Requested	Bottle Type and Preservative
GIC	PH_FLD1	pH (Field)	
GIC	O&G_1	Oil & Grease, Total	1 Liter Clear Wide Mouth Glass H2SO4 4 c
GIC	FEC_1	Fecal Coliform, (MF)	125 ml Sterile Plastic NA2S2O3 @ 4 c
GIC	DO_FLD1	Dissolved Oxygen (field)	
GIC	DMR3_1	Discharge Monitoring Report Compilation	
GIC	CLRES_FLD1	Chlorine Residual Field	
GIC	WW_TSS_1	Tot. Suspended Solids Mdv	1 Liter Plastic @ 4 c
GIC	WW_CBOD5_1	Carbonaceous BOD Mdv	1 Liter Plastic @ 4 c
GIC	WW_NH3_1	Ammonia as N by electrode Mdv	250 ml Plastic Sulfuric Acid 4 c

Relinquished by: Liz Gage

Date/Time: 5-29-09 / 1146

Received by: Cliff

Date/Time: 5-29-09 / 1146

Relinquished by: Mike

Date/Time: 5-29-09 / 1400

Received by: Stamley

Date/Time: 05-29-09 1400

Relinquished by:

Date/Time:

Received by:

Date/Time:

(1400)



McCoy & McCoy Laboratories, Inc.

P.O. Box 907
Madisonville, KY 42431
270-821-7375

SAMPLE ACCEPTANCE/CONDITION CHECKLIST

Client: Kentuckiana Gil Scott Logbatch No.: 09052133 Lab No.: AG 72842

Sample Delivery Type (circle): US Postal UPS FedEx MMLI Client _____

Sample Receipt Checklist:

- | | YES | NO |
|---|----------------|----------------|
| a. Were custody seals used on outer package, and/or sample containers? | _____ | _____ <u>✓</u> |
| b. Were sample containers received damaged? | _____ | _____ <u>✓</u> |
| c. Cooler Temp. <u>3</u> (circle) Acceptable Unacceptable | _____ | _____ |
| d. Were the samples accompanied with a Chain-of-Custody or other transferable document? | _____ <u>✓</u> | _____ |
| e. Was all information recorded to defend the sample transfer & submittal? | _____ <u>✓</u> | _____ |
| f. Is each sample and container uniquely identified on the COC? | _____ <u>✓</u> | _____ |
| g. Were all samples in appropriate containers? | _____ <u>✓</u> | _____ |
| h. Did all samples have appropriate volumes? | _____ <u>✓</u> | _____ |
| i. Were all samples submitted within sample holding times? | _____ <u>✓</u> | _____ |
| j. Were "Collection Methods" recorded? | _____ <u>✓</u> | _____ |
| k. Were "Flow Units" recorded? | _____ <u>✓</u> | _____ |

Logged In By: VRC

Date: 5-29-09

Exceptions:

Action Required:

____ Client Informed on ____/____/____ Client Rep: _____ By: _____
____ No Action Required, see notes
____ No Action Required

Reviewed By: [Signature] Project Manager Date: 05/29/09

DAVIES

SANITARY WASTEWATER

*** NO DISCHARGE ***

[illegible]

Permittee
KENTUCKIANA GIRL SCOUT COUNCIL
Prepared by
McCoy & McCoy Laboratories, Inc.
PO Box 907 825 Industrial Road
Madisonville, KY 42431

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

KY0066931
Permit Number

001 1
Discharge

Facility
KENTUCKIANA GIRL SCOUT COUNCIL
Location
UTICA KY 42376

MONITORING PERIOD							
From	Year	Month	Day	To	Year	Month	Day
	2009	05	01		2009	06	30

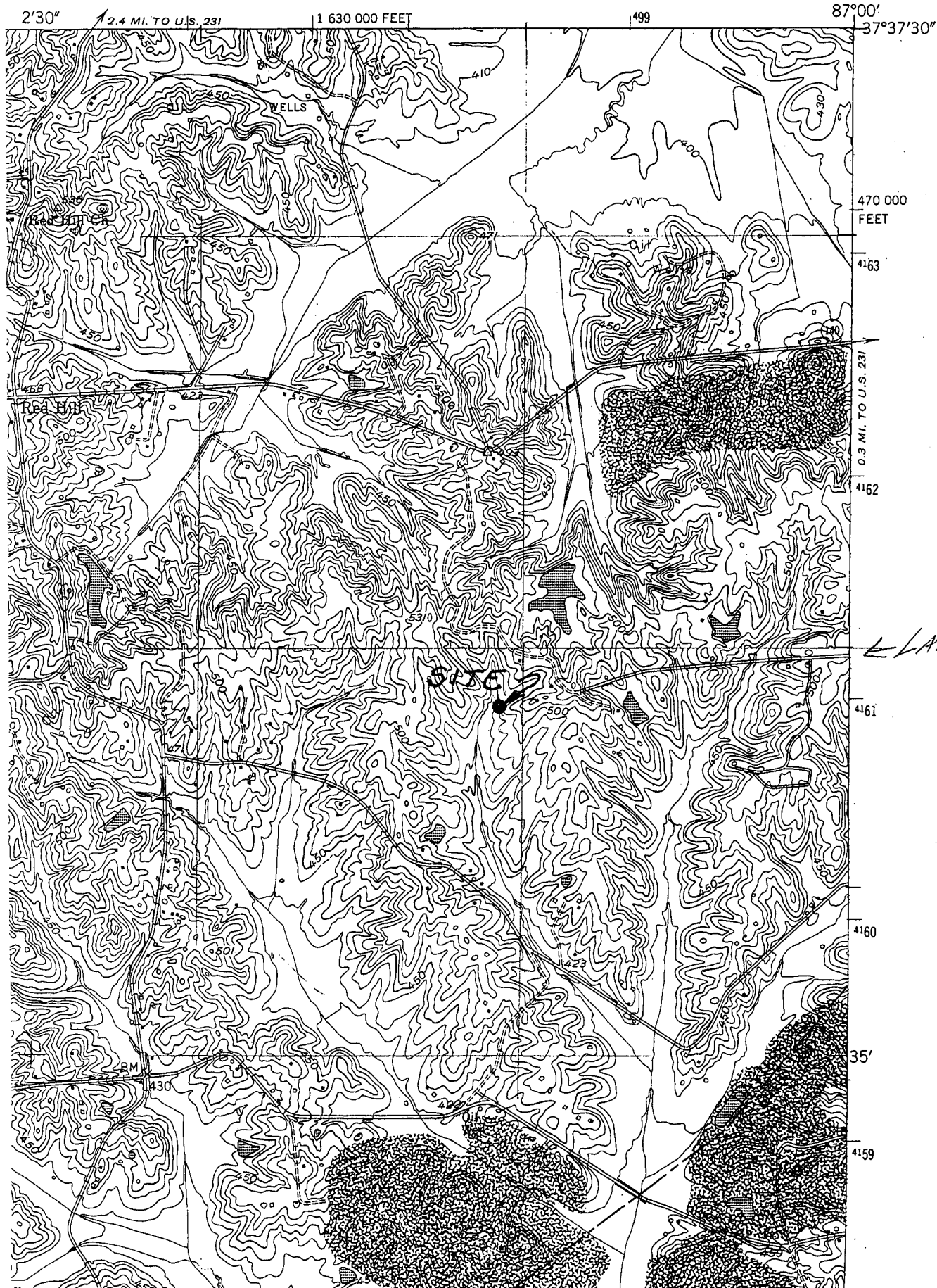
MINOR
(SUBR MA)
F FINAL
SANTARY WASTEWATER
EFFLUENT
DAVISS

*** NO DISCHARGE ***

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.07	0.07	(26)	*****	8	8	(19)				
00610 1 1 0	PERMIT REQUIREMENT	0.17	0.34	LBS/DY	*****	4	8	MG/L	1	OTRLY	COMPOS	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT											
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UTICA QUADRANGLE
KENTUCKY
7.5 MINUTE SERIES (TOPOGRAPHIC)
SE/4 SUTHERLAND 15' QUADRANGLE

3659 III NW
(PHILPOT)



MAY 04 '98 02:47PM



John A. [unclear]



U. S. TREASURY DEPARTMENT **CENTRAL FILE C**
INTERNAL REVENUE SERVICE

DISTRICT DIRECTOR
P. O. BOX 1146
LOUISVILLE, KENTUCKY 40201

APR 26 1965

IN POLY NOTED
Form L-178
A:431:EHM
LOU:EO:65-62

Kentucky Cardinal Girl Scout Council, Inc..
1268 Cherokee Road
Louisville, Kentucky 40204

NEW ADDRESS
Kentuckiana Girl Scout Council
P. O. Box 32335 - 1325 S. 4th Ave.
Louisville, Ky. 40232

PURPOSE Educational	
ADDRESS INQUIRIES & FILE RETURN DISTRICT DIRECTOR OF INTERNAL REVENUE Louisville, Kentucky	
FORM 990-A RE- QUIRED	ACCOUNTING ENDING
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12/31

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours,

G. C. Hooks
G. C. HOOKS
District Director

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: January 9, 2001

Person to Contact:

Shirley Rudolph 31-03949
Customer Service Representative

Toll Free Telephone Number:

8:00 a.m. to 9:30 p.m. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

61-0444698

Girl Scouts of Kentuckiana, Inc.
P. O. Box 32335
Louisville, KY 40232-2335

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on July 24, 2000. We have updated our records to reflect the name change as indicated above.

Our records indicate that a determination letter issued in April 1965, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) & 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.